INFORMATION

The Physician's Role in Workmen's Compensation

A PHYSICIAN treating patients under the provisions of the Workmen's Compensation Act assumes special relationships, responsibilities, and duties not all of which are common to private practice. To the patient the duty is to see that he receives all medical care necessary to effect his early recovery, return him to a wage earning status as soon as proper and possible, and, so far as possible, reduce his permanent disabilities to a minimum. To the employer and his insurance carrier he owes the duty to furnish such necessary medical care and to properly render complete reports in each case so that benefits due the patient may be promptly paid. To both he owes the responsibility of determining to the best of his ability and on an impartial basis questions which may arise, such as whether the patient is or is not able to return to work, whether the condition from which the patient is suffering is due to the alleged injury, of what exact elements any permanent disability may consist, etc.

Without considerable knowledge of what is necessarily required of him, and a willingness to meet these requirements, no physician can hope to become a success in this field. The need for medical panels has developed largely because only a comparatively few physicians have prepared themselves to meet the necessary requirements of learning the problems involved, rendering adequate reports, handling other necessary detail and solving the many problems that are inherent in the handling of Workmen's Compensation cases.

For various reasons, including requirements of the Industrial Accident Commission, the carriers must demand adequate reports, etc., and industrial injury cases will naturally tend to flow to those physicians who are qualified and will take the time to care for these details. In the hope of bringing more physicians into the field of industrial medicine and developing a better understanding of the problems of the employee, the employer, the insurance carrier, and the Industrial Accident Commission, this article has been prepared.

The Workmen's Compensation Act was developed as a social measure designed to place upon industry the responsibility for treatment of occupational injuries and diseases. Industry has two major burdens placed upon it: (1) To render such medical care as is necessary to restore the injured employee to his job as quickly as possible; (2) industry is expected to reimburse the employee with cash compensation to replace in part at least wages lost during the period of unemployment while convalescing from the industrial injury or illness. This is the basic social purpose of the Workmen's Compensation Law.

PREFACE

In 1950, a committee formed by the various insurance carriers writing workmen's compensation in the State of California was developed under the leadership of Mr. Gordon H. Snow.

At that same time, a committee was formed by the California Medical Association to meet with representatives of the insurance industry and meetings have been held continuously up to the present.

A great deal of difficulty that has been present in the application and conduct of medical services rendered under the workmen's compensation laws in the State of California has been the result of misunderstanding and confusion on the part of both the insurance industry and the medical profession. In order to try to clarify the problem, an article containing general instructions and information has been mutually prepared by these two committees. It is hoped that with a more complete understanding of each other's problems many of the unnecessary difficulties that have arisen in the past may be obviated in the future.

The material presented is not designed to be completely comprehensive, but it does point up the responsibilities of the employer, the patient, the insurance industry and the attending physician under the workmen's compensation law in the State of California.

It is our hope that it will create a better understanding between all of those concerned with this problem and thereby improve the quality of medical care rendered to this group of patients in the practice of medicine in the State of California. Proper understanding of each other's problems and mutual respect will do a great deal toward this end.

It is with this thought in mind that the article herewith was prepared.

INSURANCE COMMITTEE: Gordon H. Snow, Pacific Indemnity Company, Los Angeles, chairman; Rene Claudon, Industrial Indemnity Company, San Francisco; E. E. Bryan, State Compensation Insurance Fund, San Francisco; Jack Southall, Liberty Mutual Insurance Company, San Francisco; M. A. Lavore, American Associated Insurance Companies, Los Angeles; Richard H. Quigley, California Casualty Indemnity Exchange, San Francisco.

C.M.A. COMMITTEE: Francis J. Cox, M.D., San Francisco, chairman; Donald Cass, M.D., Los Angeles; Donald A. Carson, M.D., San Francisco; Frank A. MacDonald, M.D., Sacramento; George Maner, M.D., Los Angeles.

In addition, each individual employer in industry must have a vital interest in the prompt recovery of an injured employee since the absence of an experienced employee can directly interfere with the operation of his plan. In this respect, there are valid third party interests in the management of industrial medicine and surgery that are not present in the private practice of medicine.

The insurance industry, in protecting the financial responsibility of an individual employer, is simply acting as an agent for that employer and hence in many respects must be assumed to have the prerogatives and rights of the individual employer so far as controlling the care of the injured workman is concerned.

The Industrial Accident Commission, on the other hand, is the governmental agency charged with the determination of the laws written into the Workmen's Compensation Act. This governmental agency has two major functions: (1) Its first purpose is to act as a court in adjudicating claims of employees for compensation and propriety of medical care; (2) its second function is to act as an administrative body in maintaining statistics, records of the injury or disease, and the formulation of proper measures to prevent accidents or to eliminate disease hazards in industry.

The contact of the physician with the Industrial Accident Commission is primarily concerned with the first function but the attending physician must recognize the valid interest of the Commission in its secondary function.

WHAT CASES ARE COMPENSABLE

Generally, any employee covered by the Workmen's Compensation Act, who sustains injury or contracts an occupational disease, which injury or disease arises out of *and* occurs in the course of the employment, is entitled to medical care under the Compensation Act. This question has many facets, however, and all the answers cannot be given herein. It is suggested that the pamphlet, "Information Regarding the Workmen's Compensation Law of California," published by the Industrial Accident Commission, be carefully reviewed with special reference to page 7. Questions, however, will arise, and these should be promptly discussed with the insurance carrier to determine whether it will accept the case as compensable or whether the physician must look to the patient for payment of his account. Not always will the insurance carrier be prepared to give an immediate answer as investigation may be necessary to determine the facts of the case.

Where the identity of the insurance carrier is unknown to the doctor, contact should be made directly with the employer to obtain this information. Thereafter, further contact with the employer probably will be unnecessary as the carrier will perform all functions normally chargeable to the employer under the provisions of the Workmen's Compensation Act.

Generally speaking, in issuing its policy the insurance company undertakes to secure the employer against liability imposed upon him by the Workmen's Compensation Act. In addition, the carrier is very anxious to assure the employer that he will be relieved from all of the detail of handling any industrial injuries or diseases which occur as a result of the operations of the business insofar as this is possible under the law. Therefore, the carrier is anxious that all contact concerning an industrial injury or disease be made with it rather than with the employer.

WHO MAY TREAT OCCUPATIONAL INJURIES

The Workmen's Compensation Act provides for treatment by a "physician," which term is defined to include (and by this definition is limited to) physicians and surgeons, optometrists, dentists, chiropodists, osteopaths and chiropractic practitioners duly licensed and subject to the limitations in the scope of their respective practices as defined by California State Law.

WHO MAY SELECT THE ATTENDING PHYSICIAN

By the law, and its interpretation by the Industrial Accident Commission and our Courts of Appeal, the employer must furnish treatment to an employee entitled thereto. The employer, or if he be insured the insurance carrier, has the right to designate the attending or consulting physicians. In addition, the employee may have attending physicians of his own choice, at his own expense. The employer or insurance carrier may be held for treatment procured by the patient, if his employer, having knowledge of the injury, does not fulfill the obligation to provide treatment. Should the patient absent himself from treatment for more than one year, the physician should not render treatment or offer any advice which might be construed as treatment without specific authorization from the insurance carrier. The employee may request one change of physicians, whereupon the insurance carrier must name a panel of three competent physicians from which the employee may make his selection.

TREATMENT GENERALLY

History of Injury

The history should include the date, time, and place, and be obtained in sufficient detail to explain

what the patient was doing and how he alleges he was injured and should be reported in full. This is necessary so the insurance carrier will have a complete picture of the case and so the physician may determine whether the alleged injury logically fits into the history of the accident as related. The patient's past history should also be taken to determine if the physician's opinion or treatment of the case will be affected.

Examination and Diagnosis

The examination should be sufficiently thorough for accurate and complete diagnosis. It is feared by some that too often the patient more or less diagnoses his own complaint by such statement as "I was lifting and strained my back." The patient may be sincere in his statement but a carefully taken history and thorough examination might lead to an entirely different opinion, diagnosis, or type of treatment. The diagnosis should be complete in detail. For example, if a fracture is diagnosed, show what bone and portion is involved, the exact nature of the fracture, whether it enters a joint and, if so, what joint. A complete diagnosis is very necessary as a matter of record and without it the insurance carrier cannot establish proper legal reserves to cover the anticipated cost of the case. Should the physician feel the condition is not occupationally related, he should so state and give his reasons for such conclusions.

X-rays

The carriers will pay for all *necessary* x-rays; however, thought should be given as to whether x-rays are indicated. A detailed written report of x-ray findings should be submitted showing not only what evidence of trauma is or is not found but commenting on the presence or absence of other pathological changes whether congenital or of more recent development.

Nature of Treatment

Treatment appropriate to the type of injury should be rendered, the appropriateness to be determined by the customary treatment rendered by qualified physicians generally treating such type of injury. Injections of various drugs are in order if commonly used as a recognized therapeutic aid considering the nature of the injury. The over-all welfare of the patient is of prime importance. Under the California law, the injured employee is entitled to all medical treatment required to cure or relieve from the effects of the injury.

Frequency of Treatment

Here, again, adequate treatment must be rendered. Certain injuries such as burns, infections, etc., may necessarily require treatment daily including Saturdays, Sundays, and holidays. Two or three treatments per week, at least after the acute stages have passed, appear to be adequate as demonstrated by the general practice of the majority of physicians. It is interesting to note the number of cases reported wherein treatment is rendered five days per week but not on week ends. The attending physician should determine treatment frequency (never the office nurse or the doctor's secretary), based on the actual needs of the individual patient. Office visits should continue only so long as is necessary. Remember that many patients must lose wages for time spent visiting the physician's office and are not entitled to reimbursement for this loss under the law. Hospital visits charged for should be limited to those reasonably necessary.

Drugs and Medical Supplies

The responsibility for arranging to furnish necessary drugs for home use is the responsibility of the doctor. It is proper to instruct the pharmacy to bill the insurance carrier directly. Excessive quantities of the drugs prescribed should be avoided.

Hospital Care

The average industrial case is expected to be cared for at ward rates. Where severity of injury or disease requires private or semi-private hospital accommodations they can and should be furnished. Should the patient not require but desire a private room, the carrier and the hospital should be advised and arrangements made for the patient to bear the extra expense. The period of hospitalization should be as long, but no longer, than necessary. Hospital costs under present conditions amount to a considerable figure and hospitalization should be terminated as soon as the patient's condition is such as to warrant it.

Nursing Care

Special nursing services are in order when *necessary* and only for so long as necessary. It is suggested that in cases requiring hospital or nursing care the insurance carrier be promptly advised.

Artificial Members or Braces

The injured employee is entitled to artificial members or braces when indicated by the extent of injury, after proper consultation between the doctor, the carrier, and the appliance maker. The furnishing of such items should be arranged in advance with the insurance carriers.

Consultation

The insurance company by law properly retains the right to engage a consultant of its own choice.

Therefore, it is necessary in the average case to consult the insurance carrier to obtain consent for consultation. Medical emergencies may require immediate direct choice of consultant by the attending physician. The insurance carrier, however, should be promptly notified if this course of procedure is followed.

Specialists' Care

If the attending physician feels it advisable that the patient be referred to a specialist for treatment, such referral should be arranged following consultation with the insurance carrier (except in case of emergency). In such event the specialist shall be regarded as the attending physician.

REPORTS IN GENERAL

The standard forms as approved by the carriers and the California Medical Association should be used to the exclusion of other forms. The standard forms can, if desired, be adapted to the use of the individual physician by changing the heading to include his name and address. The purpose of creating the standard forms was to eliminate the use of various forms printed by the individual doctors, insurance carriers, etc., and their use will simplify clerical work in the physician's office. Copies of all reports should be retained in the physician's file. It is highly important that uniform terminology be adopted in the reports. It is urgently suggested that each physician thoroughly acquaint himself with the booklet "Evaluation of Industrial Disability," prepared by the California Medical Association Committee, headed by Dr. Packard Thurber in collaboration with members of the staff of the Industrial Accident Commission and other interested parties. Use of the terminology and methods of evaluating permanent disabilities as outlined therein will facilitate the work of the Industrial Accident Commission and the insurance carriers and relieve the attending physician of numerous inquiries from the insurance carriers as to the exact nature of the injury and the factors of disability involved.

Doctor's First Report of Work Injury*

Standard Form No. 5021 as required by the State Division of Labor Statistics and Research *must be* used for this report. Every question, including "Remarks" on this form, as is true of all other forms, serves an important purpose and must be answered. Answers should be in sufficient detail to give an adequate history of the accident, the examination findings, the diagnosis, detailed x-ray findings, a description of the treatment rendered, the physician's prognosis as to what, if any, permanent disability may result and a statement regarding preexisting injuries or diseases which might affect the patient's recovery or any permanent disability which may result. A report of this form must, by law, be personally signed by the physician to be valid evidence and forwarded immediately to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 3, California. This form should be furnished in duplicate to the insurance carrier within five days.

Compensation Orders or Disability Slips‡

To promptly pay the patient weekly disability compensation, it is necessary that the insurance carrier check frequently regarding the patient's work status. Cooperation with these companies requiring use of compensation orders or slips is urged. Forms (5020C) requested for this purpose should be promptly signed and returned; otherwise the patient will be without needed funds. To those doctors wishing to render an exceptional service of great value to their patients and the carriers, an automatic system of reporting disability is suggested, as follows: Determine the date of patient's first disability from work and on every sixth day thereafter so long as temporary disability may continue forward to the insurance carrier a so-called disability slip. Automatic submissions of these slips results in very prompt payment of compensation. Forms for this purpose will be supplied by the insurance carrier involved. It should be borne in mind that disability may be partial as well as total, and, if the former, a light job might be found by the employer enabling the patient to return to a wage-earning status, thus improving his psychological and financial position.

Doctor's Supplemental Report†

Standard Form No. 5020A has been provided by which the insurance carrier may be kept informed of the progress of the case. It should be submitted weekly during the acute stages of a serious case and monthly thereafter. It should be submitted in triplicate and should be in sufficient detail to give the insurance carrier a full picture of the case as it progresses. No special fee is allowed for completion of this form.

Detailed Progress Reports

The insurance carriers, for several reasons, may require more information than would appear on the Doctor's Supplemental Report. They must, at all times, as required by law, maintain reserves adequate to cover their liability in each case. Serious injuries and particularly those likely to involve permanent disabilities require more detailed reports and should be furnished as requested by the insur-

*See sample report on page 356 hereof.

‡See sample report on page 357 hereof.

†See sample report on page 358 hereof.

ance carrier. Their preparation will involve the necessity of measuring and otherwise evaluating the disability at the time of examination and should include the doctor's prognosis as to what part of the existing disability, if any, may remain as permanent disability factors. These reports should be prepared in accordance with the booklet, "Evaluation of Industrial Disability," as referred to above. If this is done, they will fill the needs of the insurance carrier and in such cases as are presented to the Industrial Accident Commission for determination of any problem will also fill its needs. It is

DOCTOR'S FIRST REPORT OF WORK INJURY

IMMEDIATELY after first examination mail one copy DIRECTLY to the Division of Labor Statistics and Research, P. O. Box 965, San Francisco 1, and two copies to the INSURANCE CARRIER. Failure to file a report with the Division is a misdemeanor. (Labor Code, Sections 6407-6413.) Answer all questions fully.

A. **INSURANCE CARRIER** Atlas Insurance Carrier - 123 Seventh Street, San Francisco

1. **EMPLOYER** Jones Hardware Tel. No. AB 3-1234 — Do Not Write In This Space
2. Address (No., St. & City) 750 Tenth Street, San Francisco 8, California
3. Business (Manufacturing shoes, building construction, retailing men's clothes, etc.) Retail Store
4. **EMPLOYEE** (First name, middle initial, last name) John J. Doe Tel No. XB 2-3456
5. Address (No., St. & City) 234 Eleventh Street, San Francisco, Cal. Marital Status M.
6. Occupation Clerk Age 40 Sex M.
7. Date injured 13 October 1954 Hour 3 P. M Date last worked Same
8. Injured at (No., St. & City) 750 Tenth Street, San Francisco. County San Francisco
9. Date of your first examination 13 Oct. 1954 Hour 5 P. M Who engaged your services? Employer
10. Name other doctors who treated employee for this injury None

11. **ACCIDENT OR EXPOSURE:** Did employee notify employer of this injury? Yes Employee's statement of cause of injury or illness:

Fell from ladder distance four (4) feet to floor.
Twisting injury to right ankle

12. **NATURE AND EXTENT OF INJURY OR DISEASE** (Include all objective findings, subjective complaints, and diagnoses. If occupational disease state date of onset, occupational history, and exposures.)

Simple fracture lateral malleolus rt. ankle - undisplaced.

DIAGNOSIS
Same.

13. X-rays: By whom taken? (State if none) St. Martha's Hospital
Findings:
As above

14. Treatment: Short leg cast applied - no anesthesia

15. Kind of case (Office, home, or hospital) Office If hospitalized, date Estimated stay
Name and address of hospital
16. Further treatment (Estimated frequency and duration) Weekly
17. Estimated period of disability for: Regular work 3 months Modified work 6 weeks
18. Describe any permanent disability or disfigurement expected (State if none) None
19. If death ensued, give date
20. **REMARKS** (Note any pre-existing injuries or diseases, need for special examination or laboratory tests, other pertinent information)

Name Friend Hunton (Type or print) Degree M.D. { PERSONAL SIGNATURE OF DOCTOR }

Date of report 14 Oct. 1954 Address (No., St. & City) 450 Sutter Street, San Francisco 8, California

Use reverse side if more space required

FORM 5021 C
Crenshaw P. & S., Los Angeles

suggested in preparing such reports the findings be compared with those submitted in the last previous detailed progress report and, if any wide variation from the findings previously reported is found, that the attending physician attempt to determine and report the reason for the same. Such comparison also enables the physician to determine whether present treatment methods are producing results, or whether other methods should be considered, also whether the condition has become stationary or permanent. (For fee for this report see Item No. 2001 of the Fee Schedule.)

DOCTOR'S WEEKLY COMPENSATION ORDER

INSTRUCTIONS: Compensation Payments Are Based On Your Estimates Given Below. Please Submit Each Week on Same Day As Injury Until Patient is Able to Work.

Injured Albert J. Doe Claim No. X13-470

Employer Webster Electric Date Injured 13 May 55

I last examined patient on 23 May 1955

He (~~was able to~~) (should) return to work approx. 1 July 1955
(Cross out one not applying)

Further length of treatment weekly - til above date.

Progress of case and prognosis: Complete recovery.

Signed: Dr. Friend Hunton Date 23 May 1955

(This is left blank so that the name of the Doctor to whom the card is posted can be entered)

FORM 5020C

(PRINT NAME AND ADDRESS OF INSURANCE CARRIER)

Claims Department

Dear Doctor:

Your cooperation in promptly furnishing the information requested on the attached card will permit us to make whatever further compensation payments are due your patient.

IMPORTANT: Please complete and return TODAY.

Claims Dept.,
(PLACE NAME OF INSURANCE CARRIER HERE)

Consultation Examination Reports

When asked to examine a patient as consultant or expert, the physician's reports will be of greater value if the following subjects are covered in de-.ail:

1. The date and place of examination.
2. The patient's history of injury and developments to the date of examination including work status since injury and at time of examination.

This Space for Company Name Address and Crest (Optional)

DOCTOR'S SUPPLEMENTAL REPORT

(This space for Carrier's name and address) Claim No.

(Designed to mail in window envelope)

1. Employer Hardy Paint Co.
2. Injured John D. Doe
3. Nature of Injury? Severe - Crush injury pelvis
4. Present condition (compare with last report) Patient has developed thrombophlebitis in right leg - temp. elevated - urinary output diminished - remains acutely ill - medical consultation requested - seen by Dr. Joseph Doakes 10 October 1954. Report to follow.
5. Treatment: Type? Supportive Further Length? 6 weeks Times per week Daily
   If physical therapy is being given, indicate type and times per week.
   None. Persistent swelling in right leg with possible permanent limp and some restriction weight-bearing ability.
6. If in hospital—How much longer? 3 months Private Room? ..... Ward? Yes Private Nurse? Yes
7. Date of last examination 13 October 1954
8. Duration of further disability 6 months
9. Date able to return to work Approximately 6 months
10. Date actually returned to work .....
11. Is full recovery expected? No - see #5 above

Instructions:

(1) Submit weekly during acute stage of a serious case; monthly thereafter.
(2) Complete in triplicate.

Date 13 October 1954 Signed Friend Hunton M. D.

Street 450 Sutter Street

City San Francisco 8

Form 5020-A
Crenshaw P. & S., Los Angeles

DOCTOR'S FINAL (OR MONTHLY) REPORT AND BILL

Itemized bills, IN DUPLICATE, are to be submitted at the termination of the case.
Monthly statements are POSITIVELY required on cases under treatment.
Mail to Atlas Insurance Company Address 123 Seventh Street, San Francisco
Services beginning late in month and extending into succeeding month may be itemized on one statement.

EMPLOYER Able Laundry Service
EMPLOYEE James Doe
DATE OF INJURY 1 Nov. 1954 SERVICES FOR MONTH OF December, 1954

Patient refused treatment ..., 19...
Patient stopped treatment without orders ..., 19...
Patient entered hospital 1 Dec, 1954

Patient able to return to work 28 Dec., 1954
Patient discharged as cured 28 Dec., 1954
Condition at time of last visit Recovered

Any other charges authorized such as Drugs? X (Check) Hospital? X (Check)

Code: O—Office; V—Home Visit; H—Hospital Visit; N—Night Visit; S—Operation; X—X-Ray.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	S	H	H			O			O			O						O										O			

	Totals
First aid treatment (describe) Debridement wound - 2 inches palm of right hand - suture (1806)	$ 6.00
Office Visits Five (0008)	$ 14.25
Home Visits	$
Hospital Visits Two (0009)	$ 6.00
Operations See above	$
MATERIAL (Itemized at cost)	$

TOTAL $ 26.25

Any charges shown above which are in excess of the minimum fee must be explained below regarding nature of such services, indicating the date rendered.

Make check payable to:

Doctor Friend Hunton, M. D. Signature

Address 450 Sutter Street, San Francisco 8 Date 28 December 1954

Form 5020-B
Crenshaw P & S., Los Angeles

3. The patient's past history with particular reference to the past injuries or illnesses which will affect the doctor's opinion of the patient's present condition.
4. The examination findings including x-ray and/or laboratory findings.
5. The diagnosis and opinion, and apportionment of disability, if any, expressed in percentage between the injury or disease and any other existing disease.

Most frequently consultation is needed to solve some problem. For example, the exact nature of treatment indicated, whether the patient's present complaints are related to the injury claimed, whether the claimant is, or is not, temporarily disabled from work, etc. In each case, to be of value, the physician must express a definite opinion one way or the other. A "yes" and "no" answer solves nothing, hence to the best of his ability the physician should express his impartial and unbiased opinion in the matter *and state the reason for having arrived at that opinion.* The physician must personally sign the report.

Doctor's Final (or Monthly) Report and Bill‡

Standard Form No. 5020B should be submitted in duplicate promptly after the patient is discharged from treatment or it is evident that he will not return for treatment. If he has not returned but there is danger of complications from lack of treatment, it is suggested the insurance carrier be notified immediately so the patient can be contacted and an attempt made to have him return for treatment. Particular attention is called to the questions showing the result or disposition of the case. The appropriate question or questions must be answered. Too many physicians leave them blank, hence the carrier does not know whether the patient has been discharged as cured, has failed to return for treatment, whether or not any permanent disability has resulted, or just what has happened. If the patient discontinued treatment without orders, it would be helpful if the doctor would describe patient's condition at the time of last visit; this for both the record of the insurance carrier and the physician.

MEDICAL FEES

Medical fees for treatment of industrial injuries in California are now subject to a schedule approved by the Industrial Accident Commission with which the physicians should become quite familiar. It is a schedule of minimum fees, not based on the ability of the employer or insurance carrier to pay, but determined to be fair compensation to the attending physician for services rendered in these cases. Charges in excess of the fees set by the schedule may be in order. However, when such exceptional charges are rendered, it should be clearly explained on the bill or by letter why the doctor feels an excess charge is warranted. Failure to so explain will result in the fee being reduced, inquiry from the insurance carrier, or delay in payment and possible misunderstanding. An excess charge would not seem justified because one physician may take longer than others to perform a specified procedure. It should be based on exceptional physical difficulties encountered at the time the procedure was undertaken. Inasmuch as every physician is expected to treat the injury involved in the most expert manner, fees cannot be determined by the adequacy of results obtained. The bill should be carefully itemized on the basis of the fee schedule so there will be no difficulty in auditing the same when it reaches the carrier. Drugs and dressings furnished by the physician should be itemized and charged for at cost. Some of the problems which may cause misunderstanding or at least concern the carrier in connection with the billing of cases include:

1. Bill not promptly rendered.
2. Bill not completed to show disposition of the case.
3. Fees not in conformity with the fee schedule and unexplained by the physician.
4. Appearance of excessive or unwarranted treatment.
5. Finding that the average cost of care by certain physicians may greatly exceed the average cost of others handling a volume of compensation cases and treating a comparable class of injuries. In this respect insurance carrier examiners are not physicians. It is impossible for them to specify why one doctor's average costs consistently run much higher than others. This question does not necessarily involve the integrity of the physician or his office staff. Some matters which may result in this situation include the following:
   (a) Excessive frequency or prolongation of treatment due to lack of control in the physician's office. (Remember many patients lose wages while reporting for treatment.)
   (b) Possible lack of thought in the ordering of x-rays, drugs, etc., or the quantity thereof.

‡See sample report on page 359 hereof.

PERMANENT DISABILITY RATINGS AND REPORTS

Any employee sustaining permanent disability is entitled to compensation therefor. The attending physician should report to the insurance carrier when he believes the condition has reached a permanent and stationary stage. One error lies in reporting the case for permanent disability rating too early as shown by many cases where subsequent improvement has taken place and in others where the condition has become worse. Where subjective complaints or loss of grasping power are involved, the case ordinarily should not be rated under one year from the date of injury or until the patient has in any event worked for some months. Consideration should be given to apportionment of disabilities due to the injury in relation to the entire disability. The Industrial Accident Commission prescribes and furnishes forms for the reporting for permanent disability rating purposes. These forms will be useless unless they are properly completed in detail. Again, reference is made for this purpose to the booklet "Evaluation of Industrial Disability." See Item No. 2002 of the Fee Schedule for applicable fee for such report.

LEGAL PROCEEDINGS

The physician's part in the successful administration of the State Workmen's Compensation Act is a very important and exacting one. His obligation does not end with the administration of medical and surgical services to his patient. On the contrary, he owes a further obligation to his patient and to the people of the state of California, for he is a vital part of the entire system of workmen's compensation.

In 1913, the people of the state of California adopted a relatively uniform workmen's compensation act which was designed to eliminate the strife and uncertainty which existed between Labor and Management prior to the passing of the statute, and to provide in its place an orderly system for the disposition of industrial injuries and diseases. It provided for the employee a certain and definite source of income and a provision for medical, surgical, hospital, and drug expense during a period of disability or physical infirmity resulting out of and in the course of the employment. The cost for the administration of this entire program is borne by the employer who, in most cases, secures the payment for these items through the medium of an insurance policy, although some of the larger employers "self-insure." The machinery for the handling of industrial accidents is vested in the Industrial Accident Commission.

The Commission, appointed by the Governor, is composed of two panels of three members each who are assigned to the panels by the chairman of the Commission. Panel One is located in San Francisco, and Panel Two in Los Angeles. Cases are heard by hearing officers or "referees" who sit in various parts of the state to cover a calendar of cases assigned for trial before these referees. The number of referees varies with the volume of business coming before them.

Although the Commission is an administrative body designed to streamline the processing of industrial injury, it is nevertheless a court of law. It has the power of subpoena and otherwise possesses, generally, powers that exist in the Superior Courts, except that its jurisdiction is specifically limited by statute to industrial injuries and diseases and collateral matters having to do with industrial injuries and diseases. On the other hand, the formality which one sees in the handling of cases before the Superior Court does not exist in Industrial Accident Commission hearings. These hearings are informal in nature designed to accomplish the objective of disposing of the case on a just, equitable, and speedy basis.

The only legal proceeding with which the physician will be involved will be a hearing before the Industrial Accident Commission. Where the circumstances require, the physician is expected to appear before the Commission, although this is relatively rare, as written reports of the physicians are admissible in evidence and thus personal appearance is seldom required. However, where required, the doctor should cooperate and appear willingly. He is entitled to a fee for his services. If the physician will contact the company representative or attorney, he can arrange to be on call rather than to spend needless time in the hearing room. If for any reason the plans for the physician's appearance are changed, he will normally be notified but in view of possible oversight, it is suggested he check with the person issuing the subpoena a day or two before the hearing to avoid the possibility of an unnecessary appearance.

REHABILITATION

In cases of serious injury where permanent disability may result to bodily parts, the attending physician should make recommendations to the employer or insurer with regard to the advisability of referring the employee to a facility of rehabilitation in order that the permanent disability will be reduced to a minimum and the worker reconditioned to the ability to work.

In cases where the anticipated permanent disability is so severe that the rehabilitation to employa-

bility through physical rehabilitation is not possible, the attending physician should consult the State Department of Vocational Rehabilitation and the employer or insurer to see if a plan for retraining in other types of employment may be advisable. These cases should be evaluated as early as possible. If retraining in other types of employment is necessary and feasible, it will be psychologically and financially to the advantage of the employee that such training be started while payment of temporary disability compensation benefits is continuing.

OFFICE RECORDS

It is important that the attending physician maintain adequate records of compensation cases. The form of record may vary. In addition to having an individual case folder in which may be filed copies of reports, etc., it is a common practice to maintain a case history card on which the brief history of the case is noted. Such cards are usually prepared so that the date of each visit and the nature of the treatment rendered may be noted, from which record adequate billing can be made.

CONCLUSION

As stated, the purpose of this outline is to better acquaint physicians with the problem of those concerned with workmen's compensation cases, the employee, the employer, the insurance carrier, and the Industrial Accident Commission. It can be fairly stated that the insurance carriers desire to meet their just obligations. In the interest of maintaining the best possible relations between the attending physician, the patient, employers or their insurance carriers, it is important that there be full communication to interested parties of all important factors affecting the progress of the medical care of the patient. Occasionally the attending physician may observe a tendency to malinger or a patient's refusal to cooperate with the physician in his efforts to bring about speedy and complete recovery from the effects of the injury. The physician should, in the best interests of the proper administration of the Workmen's Compensation Law, communicate the facts frankly and fully to the employer or its insurance carrier.

Reprints of this article may be obtained by any M.D. practicing in the State of California upon request to California Medical Association, 450 Sutter Street, San Francisco 8.

Survey of Medical Resources to Meet Enemy Attack

SHOULD RUSSIA or one of her ill-advised satellites to whom logic is alien, launch an all-out attack against this country, how would California's medical resources begin to meet the enormous casualty problems that would inevitably result?

The answer to this question, or at least some of the basic tools with which a partial answer may be forthcoming, are expected to be derived from a statewide survey of disaster care capacity facilities which was begun last month. In announcing the survey, Frank L. Cole, M.D., Chief of the Division of Medical and Health Services for the State Office of Civil Defense, predicted that the entire medical profession would be vitally interested in the study inasmuch as it will provide for the first time a comprehensive statewide inventory of California's medical resources.

In addition to the normal facilities in day-to-day use, the study will determine blood bank capacities, numbers of available medical personnel and those in related professions, and space which can be used for improvised medical facilities.

The medical resources survey will be part of an overall care capacity inventory in which every community and rural area in California—outside of critical target areas—will be scrutinized for all possible facilities which could be used to feed, shelter, clothe and provide medical care for dispersed populations of major cities should they be subjected to attack.

Four divisions of the Office of Civil Defense will cooperate on the survey. They include, besides the medical and health unit, the Evacuation and Welfare Services, Utilities, and Engineering. The Division of Evacuation and Welfare will determine the total capacities of the state to care for able-bodied, or uninjured dispersees, while the Utilities and Engineering Divisions will coordinate with the survey to determine whether sewer, water, electricity and gas capacities might be limiting factors in providing such care.

Physicians and local health officers will be asked to cooperate in procuring much of the information required for the study operation, which is believed to be the first and largest of its kind in the nation. Together with hospital administrators in local communities, they will be asked to assist local CD directors in surveying existing hospitals both for their existing and emergency expanded capacities. In addition, listings will be established of structures

and space which could meet qualifications for serving either as congregate shelters for mass care or as improvised or auxiliary hospital purposes.

The survey is strictly an inventory of resources and capacities, according to Dr. Cole. "No attempt is being made during the survey period to relate the facts and figures to actual use or to the development of a detailed program for the care of people following a disaster," he explained. "The necessary action to prepare specifically for the care of people will be considered after the survey has been completed."

Preliminary groundwork for the statewide operation was laid by conducting two separate "pilot" studies last year—one in the city of Ventura and the other in San Mateo County. In these areas, full scale surveys were conducted primarily to determine criteria, or "yardsticks," and to develop simplified methods, procedures and forms for use in the larger study. Many factors of interest to the medical profession were developed in these preliminary surveys, notable among which was the compilation of data related to the emergency expansion potential of existing hospital spaces.

Dr. Cole urged that all Civil Defense medical chiefs as well as county health authorities and interested physicians discuss the survey thoroughly with their local Civil Defense directors. "The study will permit the medical profession in the State of California to assume an outstanding position in the nation by being fully able to coordinate and direct the medical care activities in any part of the state should an emergency arise," he pointed out.

Poliomyelitis Vaccination Project

SINCE IT APPEARS that the information it contains will be of interest to many physicians in addition to the local health officers for whom it was prepared, we publish here a statement by Dr. Malcolm H. Merrill, director of the California State Department of Public Health, regarding the proposal for poliomyelitis vaccination of first and second grade school children.
—Editor.

THE National Foundation for Infantile Paralysis (NFIP) has contracted to purchase from pharmaceutical manufacturers enough material to provide 9,000,000 complete vaccinations so that if the evaluation of the 1954 field trial of the Salk poliomyelitis vaccine indicates that the vaccine is effective, and the product is licensed for commercial use by the National Institutes of Health, at least this limited supply of vaccine may be available before the 1955 poliomyelitis "season." This commitment will also allow commercial laboratories to be prepared to produce additional quantities of vaccine.

While the final details of the NFIP proposal have not been issued, the following is a resume of currently available information:

The NFIP has contracted to purchase sufficient material to provide 9,000,000 vaccinations of three injections each. This vaccine will be distributed on request to states and territories. The mechanics of distribution are left to each State Health Officer.

Material and Use. The Salk vaccine is a polyvalent killed virus vaccine. A vaccination will consist of three injections, with an interval of one week between the first two injections and one month between the second and third injection. The dose for each injection is 1 cc. The material is injected intramuscularly.

As with all licensed biologics now, the brochure enclosed in the package will recommend that a separate syringe and needle be used for each injection.

Packaging and Preservation. The vaccine is to be packaged in 10 cc. vials, each vial containing 9.5 cc. or sufficient material for nine injections. It is not certain at this time whether the vaccine will contain a preservative. If no preservative is used, the material would have to be used within a few hours after a vial is opened.

Eligible Persons. Two groups will be offered the material under the NFIP's proposal.

1. All children who participated in the 1954 trials but who did not receive the vaccine (the controls). In California approximately 3,500 children in Alameda County will be in this group.

2. All children enrolled in the first and second grades of all primary schools—public, private, and parochial—in the continental United States, Alaska, and Hawaii in the spring term of 1955. In California, the current estimate for this group is 510,000 children.

Date of Availability. After the report is rendered on the evaluation of the Salk vaccine field trial, the National Institutes of Health will consider the granting of licenses to produce for commercial sale. It has been estimated that the NIH considerations may be completed in a week or so. The material may be packaged in advance and ready for shipment so that receipt in the state [California] could be within 24 hours after the granting of a license. It is possible that the state's allotment may not arrive in one shipment, thus raising the possibility of a staggered distribution schedule in the state.

Role of NFIP in Local Administration and Provision of Supplies. The NFIP will ask its local chapters to designate an individual to be responsible for organizing assistance when requested by the local health officer. The NFIP will not provide syringes or needles. Informational and organizational materials are being developed for use if desired by the

individual states. In California, such materials would be requested from the NFIP by the State Department of Public Health if desired by the individual local health jurisdictions.

STATE AND LOCAL PARTICIPATION

The following statements are based upon the recommendations of the State Advisory Committee at its meeting of January 21, 1955:

State Endorsement of NFIP Proposal. The State Department of Public Health endorses this project of active immunization with poliomyelitis vaccine for all children enrolled in the first and second grades of all primary schools—public, private, and parochial—in California and strongly encourages statewide participation. This endorsement is contingent upon a favorable report that the vaccine is a safe and effective prophylactic agent against poliomyelitis and the granting by NIH of license to produce the material for commercial sale.

Local Participation. Local health officers* of areas desiring to participate in this project should notify the State Department of Public Health of their interest. In the near future, it is anticipated that each health officer will be requested to furnish the State Health Department with a count of all children enrolled in the first and second grades of all primary schools—public, private, and parochial—in his area as of a stated date during the spring term of 1955.

Organization and Administration. Local health departments have had long experience in promoting and achieving immunization of large segments of their populations. Therefore, it seems most feasible for each local department to use its own methods and procedures to bring about this additional immunization of first and second grade school children with poliomyelitis vaccine in the spring of 1955. It is recognized that a wide variety of methods will be employed in the 67 health jurisdictions of the state.

Areas in which health departments have not been organized may wish assistance in the planning of procedures for this special immunization project. The State Health Department will arrange for such assistance upon request.

If this project is undertaken, every effort should be made to immunize all eligible persons well ahead of the period of maximal frequency of poliomyelitis in 1955. In this connection, if a delay in receipt of vaccine occurs, and if there is a need for scheduling shipments of vaccine to local areas, first priority will be given to Alameda County for children who participated in the 1954 field trials but who did not receive vaccine at that time. Scheduling of the remainder will be planned in south to north order.

*Health officer of all full-time departments, County Health officers of other areas.